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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10565967 | <b>Applicant(s)/Patent Under Reexamination</b><br>FRENCH ET AL. |
|   | <b>Examiner</b><br>DUNG BUI                | <b>Art Unit</b><br>1797   |

| ORIGINAL                  |  |          |     |     |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |  |  |  |  |  |  |  |
|---------------------------|--|----------|-----|-----|--|------------------------------|---|---|---|----------------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |     |     |  | CLAIMED                      |   |   |   | NON-CLAIMED          |  |  |  |  |  |  |  |
| 55                        |  | 459.1    |     |     |  | B                            | C | 1 | D | 45 / 12 (2008.01.01) |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
| 55                        | 459.1                                    | 450      | 414 | 416 |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
| 15                        | 347                                      | 353      | 326 |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
| 181                       | 231                                      |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
| 96                        | 384                                      |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        | 17    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        | 18    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 3        | 19    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 4        | 20    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 5        | 21    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 6        | 22    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 7        | 23    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 8        | 23    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 9        | 24    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 10       | 25    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 11       | 28    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 12   | 12       | 27    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 13   | 13       | 28    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 14   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| /DUNG BUI/<br>Examiner, Art Unit 1797<br><br>(Assistant Examiner)                     |  | <b>Total Claims Allowed:</b><br>28 |   |
| /DUANE SMITH/<br>Supervisory Patent Examiner, Art Unit 1797<br><br>(Primary Examiner) |  | 01/25/2009<br>(Date)               | O.G. Print Claim(s)<br>1<br>O.G. Print Figure<br>3 and 4a |